## REQUEST FORM FOR DEATH CERTIFICATE THAT OCCURRED IN STONEHAM OR RESIDENTS OF STONEHAM AT THE TIME OF DEATH

TOWN CLERK'S OFFICE TOWN OF STONEHAM 35 CENTRAL STREET STONEHAM, MA 02180 781-279-2650

## PLEASE TYPE OR PRINT

FULL NAME OF PERSON ON RECORD	FIRST NAME	MIDDLE NAME	LAST NAME
DATE OF DEATH			
PLACE OF DEATH  Name of hopital or facility			
	FIRST NAME	MIDDLE NAME	LAST NAME
NAME OF SPOUSE			
	FIRST NAME	MIDDLE NAME	LAST NAME
APPLICANTS NAME			
MAILING ADDRESS			
RELATIONSHIP TO PERSON W CERTIFICATE IS REQUESTED	HOSE		

## **FEE FOR DEATH CERTIFICATES**

TELEPHONE NUMBER

\*THE FEE FOR A CERTIFIED COPY IS \$15.00

SIGNATURE OF APPLICANT

\*MAKE CHECK OR MONEY ORDER PAYABLE TO THE TOWN OF STONEHAM

\*ENCLOSED A SELD-ADDRESSED STAMPED ENVELOPE

\*THE STONEHAM TOWN CLERK'S OFFICE DOES NOT ACCEPT CREDIT CARD PAYMENTS

\*YOUR REQUEST WILL BE MAILED BACK THE SAME DAY IT IS RECEIVED

TOWN CLERK'S OFFICE - HOURS OF OPERATION

Monday, Wednesday, Thursday - 8:00am-4:00pm

Tuesday - 8:00am-7:00pm

Friday - 8:00am-noon